


U.S. APPLICATION NO. 10/500645		INTERNATIONAL APPLN. NO. PCT/NL02/00873		ATTORNEY DOCKET NO. 2007-1009	
21. <input checked="" type="checkbox"/> The following fees are submitted: BASIC NATIONAL FEE (37 CFR 1.492 (a) (1)-(5)): Neither international preliminary examination fee nor international search fee paid to USPTO and international Search Report not prepared by the EPO or JPO\$1080.00 International preliminary examination fee not paid to USPTO but International Search Report prepared by the EPO or JPO\$920.00 International preliminary examination fee not paid to USPTO but International search fee paid to USPTO\$770.00 International preliminary examination fee paid to USPTO but all claims did not satisfy provision of PCT Article 33 (1)-(4).....\$730.00 International preliminary examination fee paid to USPTO and all claims satisfied provision of PCT Article 33 (1)-(4).....\$100.00 ENTER APPROPRIATE BASIC FEE AMOUNT				CALCULATIONS PTO USE ONLY	
Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20- <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e))				\$ 130.00	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$	
Total Claims	10 - 20 =		x \$18.00	\$	
Independent Claims	2 - 3 =		x \$86.00	\$	
MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$290.00	\$	
TOTAL OF ABOVE CALCULATION =				\$ 1,050.00	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.				\$ 525.00	
SUBTOTAL =				\$ 525.00	
Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				\$	
TOTAL NATIONAL FEE =				\$ 525.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) \$40.00 per property +				\$	
TOTAL FEES ENCLOSED =				\$ 525.00	
				Amount to be refunded:	\$
				Charged:	\$
<input checked="" type="checkbox"/> A check in the amount of \$525.00 to cover the above fees is attached. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to Deposit Account No. 25-0120 in the name of Young & Thompson. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 25-0120 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17.					
SEND ALL CORRESPONDENCE TO: YOUNG & THOMPSON 745 South 23 rd Street Arlington, VA 22202 Telephone (703) 521-2297 Y&T Customer No. 00466 BC/yr			 SIGNATURE Benoit Castel, Reg. No. 35,041 NAME, REGISTRATION NUMBER July 2, 2004 DATE		